STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963775	**06/12/2017**
NAME OF PROVIDER OR SUPPLIER **ADAM HOME # 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1045 WEST 2 AVENUE** **HIALEAH, FL 33010**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A limited nursing services monitoring survey was conducted from May 16th, 2017 through June 12th, 2017. Adam Home #2 Inc with limited mental and limited nursing services components and license # 7196 had deficiencies identified at the time of the survey and cited under biennial survey.